

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008335

STATE FILE NUMBER

FILED APR 3 1959 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 46

5. 300
1-57

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| 1. PLACE OF DEATH a. COUNTY Barry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett | | c. CITY OR TOWN Monett | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Scroggins Rst. Home | | d. STREET ADDRESS (If outside, give location) 601 County Road | |
| 3. NAME OF DECEASED (Type or print) First Bertha Middle Taylor Last Taylor | | 4. DATE OF DEATH Month March Day 22 Year 1959 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 7-7-1878 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 11. BIRTHPLACE (City and state or country) Mineral Springs, Mo. | |
| 13a. FATHER'S NAME Edward B. Maxwell | | 14. NAME OF HUSBAND OR WIFE Francis Marion Taylor | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. 331x | |
| 17. INFORMANT Kenneth Furlow | | Address Monett, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ | | | INTERVAL BETWEEN ONSET AND DEATH 8 days 10 yrs |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21. I attended the deceased from 3-10-59 to 3-22-59 and last saw her alive on 3-21-59 Death occurred at 3:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Frank P. New MD | | 22b. ADDRESS Monett, Mo. | |
| 22c. DATE SIGNED 5-28-59 | | 22d. LOCATION (City, town, or county) (State) Verona, Missouri | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 3-25-1959 | |
| 23c. NAME OF CEMETERY OR CREMATORY Spring River Cemetery | | 23d. LOCATION (City, town, or county) (State) Verona, Missouri | |
| 24. FUNERAL DIRECTOR Mercer Funeral Home Monett, Mo. | | 25. DATE RECD. BY LOCAL REG. 3-25-59 | |
| 26. REGISTRAR'S SIGNATURE Mrs P.N. Cook | | 26. REGISTRAR'S SIGNATURE | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

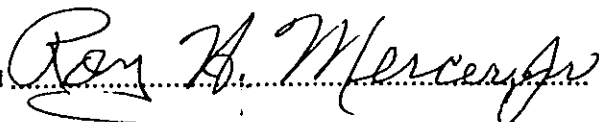
MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4432.....P. O. Address Monett, Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.